

## BRIDGEWATER TOWNSHIP SANITARY INSPECTION REPORT

### IDENTIFICATION

OWNER INFORMATION <i>(Complete this section only if different from establishment information)</i>				ESTABLISHMENT INFORMATION		
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT				ESTABLISHMENT TRADING NAME <i>Wegman S</i>		
NUMBER AND STREET		COUNTY		NUMBER AND STREET		COUNTY
				<i>724 Route 202 South</i>		<i>Somerset</i>
MUNICIPALITY		STATE		MUNICIPALITY	ZIP CODE	TELEPHONE NO.
				<i>Bridgewater</i>	<i>08807</i>	
ZIP CODE	COMUN. CODE		ESTABLISHMENT STATE LICENSE NO. (if appl.)		COMUN. CODE	

### INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE	<input checked="" type="checkbox"/> INITIAL INSPECTION <input type="checkbox"/> REINSPECTION <i>(other than initial inspection)</i>		
<input checked="" type="checkbox"/> RETAIL				
<input type="checkbox"/> POOL				
<input type="checkbox"/> CAMP				
<input type="checkbox"/> OTHER				
	GOODS	TIME - (2400 HOURS)		
	<input type="checkbox"/> DESTROYED	DATE	BEGIN	END
	<input type="checkbox"/> EMBARGOED	<i>1/12/2021</i>		

### EVALUATION

SATISFACTORY     
  CONDITIONALLY SATISFACTORY     
  UNSATISFACTORY

### OFFICIAL(S)

LOCAL BOARD OF HEALTH	INSPECTING OFFICIAL
NAME, ADDRESS AND TELEPHONE NUMBER  Bridgewater Township 100 Commons Way Bridgewater, N.J. 08807 908-725-5750	INSPECTOR'S NAME AND TITLE <i>Patricia Timko Parker</i>  <i>R.E. H.S.</i>
	INSPECTOR'S SIGNATURE <i>Patricia Timko Parker</i>
HEALTH OFFICER <i>Kevin Sumner</i>	INSPECTOR'S PERM. REG. NO. <i>B1934</i>

# Bridgewater Township Health Department

100 Commons Way  
Bridgewater, NJ 08807

Phone: (908) 725-6300 ext. 5205

Email: health@bridgewaternj.gov

## RETAIL FOOD INSPECTION REPORT

Activity Type <i>Annual Inspection</i>	Evaluation <i>Satisfactory</i>
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Name of Owner(s), Partnership or Corporation <i>Wegmans</i>		Trade Name <i>Wegmans</i>		Reinspection on or After:	
Establishment Location (Street Address) <i>724 Route 202 South</i>		City <i>Bridgewater</i>	Zip Code <i>08807</i>	County <i>Somerset</i>	Co/Mun Code
Establishment Mailing Address (if different)		Telephone No.		E-mail Address	
Name of Inspecting Official <i>Patricia Timko Parker</i>		REHS Lic. # <i>B1934</i>	Name of Health Officer <i>Kevin Sommer</i>		Risk Type <i>3</i>

### TIME/ACTIVITY REPORT (Codes: 1-Travel, 2-Inspection, 3-Administration)

Date	Code	Began	Ended	Date	Code	Began	Ended	Date	Code	Began	Ended
<i>1/12/2011</i>											

### FOODBORNE ILLNESS RISK FACTORS AND INTERVENTIONS

**RISK FACTORS** are improper practices identified as the most common factors resulting in foodborne illness (FBI). **INTERVENTIONS** are control measures to prevent FBI.

Mark "X" in appropriate Box: IN=In Compliance; OUT=Not in Compliance; NO=Not Observed, NA=Not Applicable; COS=Corrected On-site. R in OUT Box=Repeat Violation.

MANAGEMENT AND PERSONNEL		IN	OUT	N.O.	N/A	COS
1	PIC demonstrates knowledge of food safety principles pertaining to this operation.	<input checked="" type="checkbox"/>				
2	PIC in Risk Level 3 Retail Food Establishments is certified by <i>January 2, 2010</i> .	<input checked="" type="checkbox"/>				
3	Ill or injured foodworkers restricted or excluded as required.	<input checked="" type="checkbox"/>				
PREVENTING CONTAMINATION FROM HANDS		IN	OUT	N.O.	N/A	COS
4	Handwashing conducted in a timely manner; prior to work, after using restroom, etc.	<input checked="" type="checkbox"/>				
5	Handwashing proper, duration at least 20 seconds with at least 10 seconds of vigorous lathering.	<input checked="" type="checkbox"/>				
6	Handwashing facilities provided in toilet rooms and prep areas; convenient, accessible, unobstructed.	<input checked="" type="checkbox"/>				
7	Handwashing facilities provided with warm water, soap and acceptable hand-drying method.	<input checked="" type="checkbox"/>				
8	Direct bare hand contact with exposed, ready-to-eat foods is avoided.	<input checked="" type="checkbox"/>				
FOOD SOURCE		IN	OUT	N.O.	N/A	COS
9	All foods, including ice and water, from approved sources; with proper records.	<input checked="" type="checkbox"/>				
10	Shellfish/Seafood record keeping procedures; storage; proper handling; parasite destruction.	<input checked="" type="checkbox"/>				
11	PHFs received at 41°F or below. <i>Except: milk, shell eggs and shellfish (45°F).</i>	<input checked="" type="checkbox"/>				
FOOD PROTECTED FROM CONTAMINATION		IN	OUT	N.O.	N/A	COS
12	Proper separation of raw meats and raw eggs from ready-to-eat foods provided.	<input checked="" type="checkbox"/>				
13	Food protected from contamination.	<input checked="" type="checkbox"/>				
14	Food contact surfaces properly cleaned and sanitized.	<input checked="" type="checkbox"/>				
PHFs TIME/TEMPERATURE CONTROLS		IN	OUT	N.O.	N/A	COS
15	<b>SAFE COOKING TEMPERATURES</b> (Internal temperatures for raw animal foods for 15 seconds) <i>Except: Foods may be served raw or undercooked in response to a consumer order and for immediate service.</i> <b>130°F for 112 minutes:</b> Roasts or as per cooking chart found under 3.4(a)2; <b>145°F:</b> Fish, Meat, Pork; <b>155°F:</b> Ground Meat/Fish; Injected Meats; or Pooled Shell Eggs; <b>165°F:</b> Poultry; Stuffed fish/meat/or pasta; Stuffing containing fish/meat.	<input checked="" type="checkbox"/>				
16	<b>PASTEURIZED EGGS:</b> substituted for shell eggs in raw or undercooked egg-containing foods, i.e. Caesar salad dressing, hollandaise sauce, tiramisu, chocolate mousse, meringue, etc.	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
17	<b>COLD HOLDING:</b> PHFs maintained at "Refrigeration Temperatures" (41°F).	<input checked="" type="checkbox"/>				
18	<b>COOLING:</b> PHFs rapidly cooled from 135°F to 41°F within 6 hours and from 135°F to 70°F within 2 hours.	<input type="checkbox"/>		<input checked="" type="checkbox"/>		
19	<b>COOLING:</b> PHFs prepared from ingredients at ambient temperature cooled to 41°F within 4 hours.	<input type="checkbox"/>		<input checked="" type="checkbox"/>		
20	<b>REHEATING:</b> PHFs rapidly reheated (within 2 hours) in proper facilities to at least 165°F; or commercially processed PHFs heated to at least 135°F prior to hot holding.	<input type="checkbox"/>		<input checked="" type="checkbox"/>		
21	<b>HOT HOLDING:</b> PHFs Hot Held at 135°F or above in appropriate equipment.	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
22	<b>TIME as a PUBLIC HEALTH CONTROL:</b> Approval; written procedures; time marked; discarded in 4 hours.	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
23	<b>SPECIALIZED PROCESSING METHODS:</b> Approval; written procedures; conducted properly.	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
24	<b>HIGHLY SUSCEPTIBLE POPULATIONS:</b> Pasteurized foods used; prohibited foods not offered.	<input type="checkbox"/>			<input checked="" type="checkbox"/>	

**RETAIL FOOD INSPECTION REPORT  
(CONTINUED)**

<b>GOOD RETAIL PRACTICES</b>				
<p><b>Good Retail Practices</b> are preventative measures to control the addition of pathogens, chemicals and physical objects into foods.  <i>OUT=Not in Compliance; COS=Corrected On-site; For "Repeat" Violation: Mark "R" in OUT Box.</i></p>				
<b>SAFE FOOD AND WATER / PROTECTION FROM CONTAMINATION</b>			<b>OUT</b>	<b>COS</b>
25	Hot and cold water available; adequate pressure.			<input type="checkbox"/>
26	Food properly labeled, original container.			<input type="checkbox"/>
27	Food protected from potential contamination during preparation, storage, display.			<input type="checkbox"/>
28	Utensils, spatulas, tongs, forks, disposable gloves provided and used properly to restrict bare hand contact.			<input type="checkbox"/>
29	Raw fruits and vegetables washed prior to serving.			<input type="checkbox"/>
30	Wiping cloths properly used and stored.			<input type="checkbox"/>
31	Toxic substances properly identified, stored and used.			<input type="checkbox"/>
32	Presence of insects/rodents minimized: outer openings protected, animals as allowed.			<input type="checkbox"/>
33	Personal cleanliness (fingernails, jewelry, outer clothing, hair restraint).			<input type="checkbox"/>
<b>FOOD TEMPERATURE CONTROL</b>			<b>OUT</b>	<b>COS</b>
34	Food temperature measuring devices provided and calibrated.			<input type="checkbox"/>
35	Thin-probed temperature measuring device provided for monitoring thin foods (i.e. meat patties and fish filets).			<input type="checkbox"/>
36	Frozen foods maintained completely frozen.			<input type="checkbox"/>
37	Frozen foods properly thawed.			<input type="checkbox"/>
38	Plant foods for hot holding properly cooked to at least 135°F.			<input type="checkbox"/>
39	Methods for rapidly cooling PHFs are properly conducted and equipment is adequate.			<input type="checkbox"/>
<b>EQUIPMENT, UTENSILS AND LINENS</b>			<b>OUT</b>	<b>COS</b>
40	Materials, construction, repair, design, capacity, location, installation, maintenance.			<input type="checkbox"/>
41	Equipment temperature measuring devices provided (refrigeration units, etc).			<input type="checkbox"/>
42	In-use utensils properly stored.			<input type="checkbox"/>
43	Utensils, single service items, equipment, linens properly stored, dried and handled.			<input type="checkbox"/>
44	Food and non-food contact surfaces properly constructed, cleanable, used.			<input type="checkbox"/>
45	Proper warewashing facilities installed, maintained, cleaned, used; sanitizer test strips available, used.			<input type="checkbox"/>
<b>PHYSICAL FACILITIES</b>			<b>OUT</b>	<b>COS</b>
46	Plumbing system properly installed; safe and in good repair; no potential backflow or backsiphonage conditions.			<input type="checkbox"/>
47	Sewage and waste water properly disposed.			<input type="checkbox"/>
48	Toilet facilities are adequate, properly constructed, properly maintained, supplied and cleaned.			<input type="checkbox"/>
49	Design, construction, installation and maintenance proper-floors/walls/ceilings.			<input type="checkbox"/>
50	Adequate ventilation; lighting; designated areas used.			<input type="checkbox"/>
51	Premises maintained free of litter, unnecessary articles, cleaning and maintenance equipment properly stored; and garbage and refuse properly maintained.			<input type="checkbox"/>
52	All required signs (handwashing, inspection placard, etc) provided and conspicuously posted.			<input type="checkbox"/>
Item#	NJAC 8:24	REMARKS ("R" = Repeat violation from previous inspection)		
		<p><i>No v. olations observed at the time of inspection.</i></p>		
Name of Inspecting Official		Signature of Inspecting Official	Name and Title of Person Receiving Copy of Report	
<i>Patricia Timbopark</i>		<i>Patricia Timbopark</i>	<i>[Signature]</i>	

# CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.) <u>Wegmans</u>	Date <u>1/12/2021</u>
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BRIDGEWATER TOWNSHIP

Item No.	Remarks
	<u>Sushi Area</u> - no violations. Handsinks ok 3 comp sink ok @ quat @ 200ppm. Hebard automatic Dishwasher above 180°F at final rinse.
	<u>Cafe</u> - no violations. Handsink ok. 3 comp. sink ok. Cold holding all below 41°F. Note: pizza thrown out after 4 hours.
	<u>Bakery</u> - no violations. Handsink ok. 3 comp sink ok @ quat @ 200ppm. All cold holding below 41°F.
	<u>Meat Department</u> - no violations. Handsink ok 3 comp sink. quat @ 200ppm.
	<u>Deli</u> - cold holding below 41°F. 3 comp sink quat @ 200ppm. Hand sink ok.
	<u>Seafood</u> - below 41°F for cold holding. TAGS kept for shellfish for 1 year. Active bathes tags kept at counter.
	<u>Cheese</u> - cold holding below 41°F. Note: PH log of sushi rice detached. Note: Garbage Area Satisfactory Note: All cold holding on premises 41°F or below
	Posted Satisfactory

Signature of Individual Completing Form <u>Fahrman, Paula</u>	Signature of Owner of Facility, Establishment, etc. if required <u>[Signature]</u>
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